California's Health

Vol. 17, No. 24 · Published twice monthly · June 15, 1960

HOSPITALS FOR CALIFORNIA—STATE PLAN FOR 1960-1961

The Hospital Survey and Construction Program administered by the California State Department of Public Health, is now in its 14th year. Through this program, the Federal and State Governments furnish leadership and assistance in planning for expansion and development of hospital and related health facilities and also provide grants of Federal and State funds to assist local communities in constructing these facilities. The program since 1947 has assisted 207 projects in California. These projects have cost approximately $230,000,000, of which $55,505,622 in Federal funds and $45,355,239 in State funds has been provided through grants.

The Department believes that an important element of administering the Hospital Survey and Construction Program is focusing statewide attention on need for hospital expansion, thereby stimulating public interest and incentives for public support. It is evident that the State's rapid population growth will require this continuing public interest and support of hospital building programs.

During the past year, the Department has given special consideration to the highly complex issues involved in planning to meet the present and future requirements of rapidly expanding metropolitan communities. Need for better coordinated and master planning for future expansion of hospital and health services is particularly evident in metropolitan regions. Special studies have been conducted in the Los Angeles, San Diego, Sacramento and San Jose metropolitan areas of the State. Estimates of future needs have been established, based upon population projections, and some basic planning principles have been developed to guide long-range planning. It is evident that much more research and study is necessary to accomplish the breakthrough in planning concepts and procedures on which to base better planning to meet future needs. Modernizing existing institutions and developing new institutions master planned for future expansion pose tremendous technical and financial problems. It is evident the Department must expand its activities in this area of planning during the coming year.

PLANNING FOR HOSPITAL SERVICES

California has made spectacular progress in expanding hospital facilities to provide services for the State's very rapid population growth. Of the 134,386 existing and planned beds for general hospitals, tuberculosis hospitals, psychiatric hospitals and long-term care facilities, 64,813 or 48 percent have been built since 1949. This accelerated construction program has been supplemented by extensive modernization programs made necessary in existing hospitals to meet the demands of the rapid advancements in medical science. Table 1 summarizes hospital construction which has occurred in California between 1950 and 1960.

In 1960, the typical California hospital is a much more technical, complex and costly institution to build and to operate than it was ten years ago. The community hospital now performs a major role as a medical center. In it a professional team of specialists is organized to provide a comprehensive program of medical care involving prevention, treatment and rehabilitation. The increasing demands for improved facilities and expansion of services emphasize the necessity for hospitals to combine their activities in coordinated community programs to assure hospital services of the highest effectiveness and quality.

During the past 14 years, the California Hospital Survey and Con-

TABLE 1

HOSPITAL CONSTRUCTION, CALIFORNIA, 1950-1960
NUMBER OF BEDS BY CATEGORY

Year Completed	*Total*	*General*	*Tuberculosis*	*Psychiatric*	*Long-Term*
Total	64,813	28,148	1,408	17,828	17,429
1950	4,869	1,022	620	2,494	733
1951	5,491	1,395	62	3,129	905
1952	3,732	1,405	180	1,474	673
1953	3,360	2,011	---	532	817
1954	5,182	2,500	---	1,152	1,530
1955	4,041	2,634	293	114	1,000
1956	5,292	1,588	---	2,964	740
1957	3,286	1,850	18	110	1,308
1958	6,537	2,148	---	2,012	2,377
1959	8,353	3,582	49	1,861	2,861
1960 *	3,464	2,038	116	100	1,210
Proposed	11,206	5,975	70	1,886	3,275

* From January 1 to March 15, 1960.

struction Program has attempted to provide pertinent factual information and responsible leadership on which all hospital expansion programs throughout the State could be based. In addition, the program, within the limits of available State and Federal funds, has provided grants to assist in the construction of community hospitals throughout the State.

Hospitals for California is published annually by the Department as a progress report of activities in administering the program. This year's report seeks to emphasize elements of hospital planning and operation which are of highest current importance and interest. Distribution of this publication to local health officers, hospital administrators and others interested in the program, supplemented by the extensive hearings conducted each year by the Advisory Hospital Council, establish the basis on which the Department seeks to provide effective leadership in hospital planning. In this resumé of the 1960 edition of *Hospitals for California*, emphasis is placed on analyzing the degree to which hospitals throughout the State have succeeded in achieving coordinated hospital expansion and service programs during the past several years. Issues relating to hospital planning and utilization are now receiving extensive consideration throughout the United States and in California.

There appears to be growing national recognition that more effectively coordinated effort is desirable in planning for and securing better coordination of the expansion and service programs of hospitals. There is increasing discussion of the need for hospitals to coordinate not only their building programs but their service programs in communities where they are located. Hospitals appear to be showing increasing recognition that effective public service demands of them a willingness to subordinate their individual building and service programs to coordinated planning for the community as a whole.

There appears to be national recognition that voluntary planning by hospital organizations and planning by official agencies which administer the Hospital Survey and Construction Program have the same general objectives. There is high interest in taking the fullest possible advantage of a long history of active and harmonious relationships between voluntary and governmental agencies to improve hos-

TABLE 2

EXISTING AND ADDITIONAL FACILITIES NEEDED
CALIFORNIA 1960-61

Category	*Existing Beds March, 1960*	*Additional Beds Needed*
Total	134,386	45,808
General	52,775	4,905
Tuberculosis	5,184	0
Psychiatric	44,934	26,641
Long-term	31,493	14,282
	Existing acceptable space (sq. ft.)	*Additional space needed (sq. ft.)*
Public Health Centers	1,324,404	487,382

TABLE 3

GENERAL HOSPITAL SERVICE AREA PRIORITY DATA
CALIFORNIA STATE PLAN 1960-1961

Area Center	*Area No.*	*Estimated Population July 1, 1959*	*Estimated Bed Need*	*Existing Beds Total*	*Existing Beds County*	*Percent Need Met*	*Priority Position*
California	--	14,315,000	57,680	52,775	10,652	91	--
Garberville	5	13,100	39	16	10	41	1
Needles	99	8,200	28	12	0	43	2
Roseville	43	52,800	176	94	52	53	3
Placerville	44	24,000	93	50	0	54	4
Blythe	102	11,400	37	22	0	59	5
Barstow	98	46,100	165	97	24	59	5
Yreka	30	11,700	35	21	21	60	7
Santa Ana	94	172,100	817	492	73	60	7
Ontario	96	98,800	344	212	52	62	9
Crescent City	1	17,600	78	51	0	65	10
Weaverville	31	8,200	37	24	24	65	10
Porterville	63	31,200	94	61	19	65	10
San Jose	22	432,500	1,594	1,060	241	66	13
San Diego	107	305,600	1,044	705	149	68	14
Ventura	73	93,800	321	223	93	69	15
Newport Beach	93	122,300	501	358	43	71	16
Fortuna	4	25,000	75	53	23	71	16
E. San Gabriel	82	260,000	978	739	141	76	18
Anaheim	92	336,600	1,378	1,041	117	76	18
La Jolla	105	77,600	266	202	38	76	18
Richmond	15	215,200	675	532	110	79	21
Lancaster	75	64,800	256	201	35	79	21
Norwalk	87	272,000	861	691	147	80	23
Santa Monica	88	394,600	1,842	1,467	322	80	23
Hollister	23	51,000	177	143	43	81	25
Auburn	42	29,300	99	80	31	81	25
Palo Alto	21	291,200	1,449	1,188	208	82	27
Sacramento	46	424,800	1,606	1,367	464	85	28
Pomona	83	95,200	383	328	62	86	29
Lynwood	85	474,900	1,457	1,251	258	86	29
Inglewood	89	443,000	1,403	1,223	241	87	31
Dinuba	61	83,200	260	229	75	88	32
Indio	101	39,400	179	157	46	88	32
Willows	38	15,500	47	42	42	89	34
Oxnard	74	77,400	265	239	77	90	35
West San Gabriel	81	364,100	1,153	1,053	198	91	36
Torrance	90	228,000	722	655	124	91	36
Banning	100	48,800	166	151	38	91	36
Woodland	47	38,500	127	118	54	93	39
Burbank	78	242,400	757	707	136	93	40
Riverside	95	159,900	551	519	136	94	41
San Rafael	11	132,700	452	429	0	95	42
Concord	14	150,100	486	463	79	95	42
Redding	32	50,300	259	246	89	95	42
Van Nuys	77	349,700	1,208	1,149	190	95	42
San Mateo	20	236,300	785	754	98	96	46
Santa Barbara	69	91,200	500	480	128	96	46
National City	108	104,500	357	347	51	97	48
Oakland	17	455,500	1,670	1,637	236	98	49
Salinas	25	69,200	254	248	73	98	49
San Bernardino	97	286,600	1,042	1,021	162	98	49
Glendale	79	247,900	942	937	163	99	52
Hoopa	2	5,100	22	22	6	100	53
Eureka	3	61,100	329	329	98	100	53
Fort Bragg	6	12,700	67	67	12	100	53

TABLE 3—Continued

GENERAL HOSPITAL SERVICE AREA PRIORITY DATA
CALIFORNIA STATE PLAN 1960-1961

Area Center	Area No.	Estimated Population July 1, 1959	Estimated Bed Need	Existing Beds Total	Existing Beds County	Percent Need Met	Priority Position
Ukiah	7	30,900	133	133	25	100	53
Lakeport	8	11,600	45	45	0	100	53
Santa Rosa	9	95,300	367	367	101	100	53
Petaluma	10	46,100	163	163	44	100	53
Napa	12	62,500	222	222	0	100	53
Vallejo	13	112,500	363	363	65	100	53
Berkeley	16	136,700	457	457	61	100	53
Hayward	18	254,000	973	973	108	100	53
San Francisco	19	734,000	5,004	5,004	641	100	53
Santa Cruz	24	69,100	283	283	72	100	53
Monterey	26	77,100	264	264	70	100	53
King City	27	13,200	58	58	12	100	53
Alturas	28	8,200	43	43	43	100	53
Mount Shasta	29	18,100	104	104	56	100	53
Red Bluff	33	22,900	134	134	42	100	53
Susanville	34	13,700	44	44	26	100	53
Quincy	35	10,600	81	81	0	100	53
Chico	36	38,300	192	192	49	100	53
Oroville	37	31,900	111	111	30	100	53
Colusa	39	11,000	58	58	58	100	53
Marysville	40	56,600	190	190	83	100	53
Nevada City	41	19,700	161	161	43	100	53
Jackson	45	8,900	35	35	35	100	53
Lodi	48	49,200	179	179	67	100	53
Stockton	49	178,900	601	601	245	100	53
Tracy	50	19,500	85	85	36	100	53
San Andreas	51	8,800	30	30	0	100	53
Modesto	52	143,900	547	547	220	100	53
Sonora	53	13,500	111	111	32	100	53
Mariposa	54	4,500	24	24	0	100	53
Merced	55	61,600	197	197	95	100	53
Los Banos	56	27,300	97	97	36	100	53
Madera	57	38,400	119	119	50	100	53
Fresno	58	254,400	835	835	253	100	53
Coalinga	59	15,700	56	56	16	100	53
Hanford	60	45,200	241	241	125	100	53
Visalia	62	93,200	298	298	58	100	53
Bridgeport	64	3,300	15	15	15	100	53
Bishop	65	6,200	31	31	0	100	53
Lone Pine	66	4,300	18	18	0	100	53
San Luis Obispo	67	69,100	289	289	133	100	53
Santa Maria	68	43,000	181	181	45	100	53
Taft	70	22,100	70	70	22	100	53
Bakersfield	71	214,400	684	684	220	100	53
Tehachapi	72	32,300	189	189	48	100	53
San Fernando	76	157,500	595	595	86	100	53
Pasadena	80	218,300	763	763	127	100	53
Whittier	84	200,900	667	667	109	100	53
Los Angeles	86	1,133,600	6,296	6,296	1,028	100	53
Long Beach	91	491,000	2,322	2,322	331	100	53
Escondido	103	34,800	149	149	17	100	53
Oceanside	104	52,800	225	225	26	100	53
Linda Vista	106	131,900	517	517	72	100	53
La Mesa	109	140,800	582	582	68	100	53
Brawley	110	67,000	221	221	56	100	53
Special Facilities			53	53			

pital planning. Future improvements in hospital planning appear to require development of more effective coordination between voluntary and governmental agencies, particularly in the implementation of regional and community programs for hospital expansion.

Hospital planning in California, during the past several years, has been based on recognition that the general hospital is the key institution in the hospital system. The general hospital is used most frequently by the public, provides the most complex and costly service, and ordinarily is the avenue through which patients are admitted to specialized institutions. Accordingly, emphasis has been placed on the general hospital in developing planning concepts to improve hospital service.

STATE PLAN FOR HOSPITALS

The California State Plan, which is revised annually, establishes the basic objectives and policies proposed for development and expansion of hospital facilities throughout the State. The plan presents an analysis of hospital needs based on evaluation of information available on current utilization of existing facilities related to population growth and distribution. Table 2 contains a summary of existing and estimated additional facilities needed in California during the fiscal year 1960-61.

Since 1947, planning objectives have been expressed in broad principles and goals to meet current needs. During this period, the Department and the State Advisory Hospital Council have attempted to reflect changing hospital needs and usage through refinements of policies and methods for evaluation.

In California during the past several years, planning emphasis has been on hospital problems in metropolitan communities. In the past two years, the Hospital Council of Southern California and the Department have been actively engaged in study of factors involved in hospital expan-

STATE DEPARTMENT OF PUBLIC HEALTH
BUREAU OF HEALTH EDUCATION
2151 BERKELEY WAY
BERKELEY 4, CALIFORNIA

Requests for single copies or for placement on the mailing list may be made by writing to the above address.

Entered as second-class matter Jan. 25, 1949, at the Post Office at Berkeley, California, under the Act of Aug. 24, 1912. Acceptance for mailing at the special rate approved for in Section 1103, Act of Oct. 3, 1917.

sion within the metropolitan community. The Department's publication, *Southern California Metropolitan Regions Hospital Survey,* covers a special study of metropolitan region hospital services in the counties of Los Angeles, Orange, San Bernardino, Riverside and San Diego in the summer of 1959.

This study collected and analyzed information on the characteristics of existing hospitals and the services they provide to assist in developing long-range planning objectives for expansion of hospitals in terms of their size, location and scope of services. The survey included one questionnaire for each hospital, one for each medical staff member, and one for each patient discharged from all hospitals covered by the survey during the week of July 13-19, 1959. A total of 173 hospitals submitted approximately 40,000 questionnaires.

Experience during recent years and results of the survey in Southern California emphasize that further improvement and refinement of State Plan objectives are needed. The improvements which appear to be indicated include:

1. Long-range planning objectives should be established for all hospital service areas in the State. This involves projecting population growth for each hospital service area by five-year increments for a period of at least 20 years.
2. Characteristics of hospitals to meet projected needs should be defined in terms of timing, size, number and location.
3. Objectives for coordinated expansion of community and regional hospital programs should be established and implemented which will provide:
   a. Community hospital services
   b. Specialized services within geographic regions
   c. Provision of facilities for medical and related education

Neither the California State Plan nor regional and local community plans in California are based on solid enough information to support fully the planning of these objectives. Elements requiring further study include:

1. Population growth and distribution anticipated at five-year intervals for 20 years in all areas of California.

TABLE 4

SUMMARY OF ESTIMATED SPACE NEEDS AND EXISTING PRIMARY SPACE PUBLIC HEALTH CENTER JURISDICTIONS IN PRIORITY SEQUENCE, 1960-1961

Jurisdiction	*Estimated population July 1, 1959*	*Estimated total space needed (sq. ft.)*	*Existing space primary centers (sq. ft.)*	*Percent need met*	*Priority position*
California total	15,280,000				
Alameda County (Alameda District)	283,700	27,803	2,636	9	1
Alpine County	400	2,600	240	9	1
Los Angeles City (Valley District)	690,400	79,419	9,050	11	3
Amador County	9,300	2,600	320	12	4
Nevada County	18,100	2,600	330	13	5
Modoc County	8,600	2,600	400	15	6
Mendocino County	53,100	6,797	1,285	19	7
Sierra County	2,400	2,600	540	21	8
San Bernardino City	91,900	11,437	2,695	24	9
El Dorado County	25,100	3,310	864	26	11
Santa Barbara City	59,600	8,499	2,000	24	9
San Bernardino County	398,500	46,353	12,000	26	11
Los Angeles County (Inglewood District)	277,900	34,884	9,510	27	13
Los Angeles County (Monrovia District)	217,700	26,298	7,093	27	13
Butte County	73,400	9,275	2,685	29	15
Los Angeles County (Bellflower District)	243,200	29,570	8,584	29	15
Mariposa County	4,700	2,600	742	29	15
Sacramento County	480,700	54,699	16,600	30	18
Marin County	144,600	17,688	5,700	32	18
Los Angeles County (Pomona District)	202,700	22,955	7,900	34	20
Los Angeles County (Torrance District)	270,200	28,080	9,989	36	21
Pasadena City	122,900	13,743	4,989	36	21
Santa Clara County	457,200	57,396	20,555	36	21
Los Angeles City (South District)	145,600	16,913	6,500	38	24
San Mateo County	418,600	47,153	17,920	38	24
San Joaquin Local Health District	243,000	25,450	10,000	39	26
Contra Costa County	382,200	41,116	17,000	41	27
Placer County	54,200	7,528	3,075	41	27
Napa County	65,200	8,655	3,600	42	29
Orange County	670,000	89,610	37,250	42	29
Santa Barbara County	83,500	12,113	5,080	42	31
Humboldt-Del Norte Counties	120,300	13,602	5,808	43	32
Los Angeles City (West District)	342,900	35,874	15,585	43	32
Los Angeles County (San Antonio District)	298,400	30,883	13,127	43	32
Colusa County	11,500	2,600	1,150	44	35
Los Angeles County (El Monte District)	183,300	20,757	9,298	45	36
Los Angeles County (San Fernando District)	99,300	13,802	6,462	47	37
Los Angeles County (Santa Monica District)	206,600	22,083	10,651	48	38
Mono County	3,400	2,600	1,250	48	38
San Diego County	1,006,800	112,916	60,240	53	40
Los Angeles City (Southwest District)	268,600	27,971	15,003	54	41
Fresno County	354,500	37,501	20,550	55	42
San Francisco City and County	790,700	78,249	43,183	55	42
Los Angeles County (Compton District)	221,200	23,241	13,432	58	44
Los Angeles County (Glendale District)	248,800	24,880	14,420	58	44
San Jose City	169,300	20,077	11,751	59	46
Los Angeles City (Northeast District)	241,300	24,360	14,500	60	47
Solano County	131,400	15,540	9,355	60	47
Calaveras County	9,200	2,600	1,628	63	49
Plumas County	11,100	2,600	1,632	63	49
San Luis Obispo County	72,400	10,003	6,430	64	51

TABLE 4—Continued

SUMMARY OF ESTIMATED SPACE NEEDS AND EXISTING PRIMARY SPACE PUBLIC HEALTH CENTER JURISDICTIONS IN PRIORITY SEQUENCE, 1960-1961

Jurisdiction	*Estimated population July 1, 1959*	*Estimated total space needed (sq. ft.)*	*Existing space primary centers (sq. ft.)*	*Percent need met*	*Priority position*
Los Angeles City (Central District)	224,400	22,664	15,000	66	52
Los Angeles County (Alhambra District)	234,200	26,050	17,100	66	52
Alameda County (Southern District)	281,300	32,047	22,179	69	54
Shasta County	52,500	7,370	5,200	71	55
Sonoma County	147,800	16,947	11,962	71	56
Los Angeles City (Hollywood-Wilshire District)	309,700	31,331	22,727	73	57
Tulare County	150,800	16,264	11,783	73	57
Berkeley City	122,200	13,478	10,000	74	59
Riverside County	269,700	30,800	23,000	75	60
Ventura County	184,800	21,830	16,800	77	61
Yolo County	60,700	8,328	6,483	78	62
Kern County	280,900	28,998	24,950	86	63
Los Angeles County (Whittier District)	184,800	19,340	17,227	89	64
Monterey County	190,700	20,661	18,615	90	65
Kings County	47,200	6,042	5,518	91	66
Merced County	92,400	11,364	10,496	92	67
Sutter-Yuba Counties	59,300	7,800	7,182	92	67
Long Beach City	334,100	35,442	33,000	93	69
Stanislaus County	150,300	16,252	15,792	97	70
Santa Cruz County	72,100	9,076	8,900	98	71
Alameda County (Oakland District)	193,400	19,727	25,064	100	72
Imperial County	71,400	8,921	9,856	100	72
Inyo County	11,000	2,600	2,666	100	72
Los Angeles City (Harbor District)	109,200	13,123	14,585	100	72
Los Angeles City (Southeast District)	115,500	13,090	26,431	100	72
Los Angeles County (East L. A. District)	142,300	15,354	18,600	100	72
Madera County	40,300	5,207	6,250	100	72
San Benito County	15,400	2,600	3,094	100	72
Trinity County	9,600	2,600	3,000	100	72
Unorganized Areas	132,400				

2. Criteria for determination of the size, number and location of facilities needed in all areas of the State for immediate and long-range services.
3. Evaluation of the physical plant of existing hospitals from the standpoint of suitability for meeting long-range planning objectives.
4. Characteristics of individual hospitals necessary to furnish community services, specialized services and professional training.

There is need for the knowledge on which hospital planning is based to keep advancing in quality and precision. The dynamic advances in medical knowledge demand this. The role of the hospital in medical care is changing, growing, becoming more complex and costly. The high level of cooperation between voluntary agencies and this Department which have evolved mutual objectives in hospital planning establish a sound basis on which to extend and improve this planning.

STATEWIDE POLICIES

The State Department of Public Health and the State Advisory Hospital Council conduct frequent public hearings to establish and review policies which are designed to promote the most effective development of community hospitals and related health facilities. The Department provides on request technical consultation and assistance to community groups which are planning additional facilities whether or not they are applicants for financial assistance under the program. The Consultation Unit of the Bureau of Hospitals provides a wide range of consultation and assistance on problems relating to hospital, nursing home and related health services. This unit consists of medical, administration, nursing, nutrition, social service and sanitation consultants.

The Planning Section and the Architectural and Engineering Section of the Bureau of Hospitals provide consultation and assistance on programs and plans for proposed expansion or development of hospitals and related health facilities. Experience in planning on a statewide basis has demonstrated real value in providing effective consultation which encourages sound and efficient community hospital programs and facilities. The problems and financial burdens encountered in the expansion of hospital and health facilities in the State are often resolved or reduced by these coordinated planning activities.

Statewide planning is based upon analysis of need in individual hospital service areas. The planning policies on which hospital needs are established and grants of Federal and State funds are made are subject to continuous study by the Department. The needs for hospitals and other health facilities have been related to the communities in which facilities now exist or in which facilities should be developed. For the purpose of these studies, hospital service areas have been established and defined as a grouping of communities which appear to have common interest for hospital and medical purposes. In the California State Plan for Hospital Construction 1960-61, there are 110 hospital service areas. The Department's planning activity relating to hospital service areas include:

1. Annual inventory of existing and proposed facilities for which working drawings and specifications have been approved, as of March 15, 1960.
2. Classification of facilities by category of services.
3. Estimation of need by category of facility within hospital service areas.
4. Determination of relative need between hospital service areas throughout the State in each of the facility categories based upon comparison of inventory

of existing and proposed facility with estimated needs in each hospital service area.

5. Review of the delineation of hospital service areas on a geographical basis to provide logically for local planning throughout the State.

During the past two years, in recognition of the complicated problems connected with planning to meet present and future needs in the rapidly growing communities of the metropolitan regions of the State, special study has been made of hospital services in metropolitan regions. These studies have indicated a basis to encourage the development of larger facilities in metropolitan hospital service areas to meet the needs of these communities. The Los Angeles and San Diego Metropolitan Regions have been defined for hospital planning purposes and certain policies basic to long-range planning have been established for these regions. These policies are outlined in the general hospital policy section of the State Plan.

Planning objectives to meet present and long-range needs for hospitals and related medical facilities include recognition that rapid changes in medical knowledge and practice will make modification of planning concepts necessary to assure effective community services. The State Plan policies encourage general hospitals to develop a broader responsibility for total community service, including short-term psychiatric care, long-term care for chronic cases, care for contagious disease and rehabilitation. Institutions which provide limited services independent from general hospitals are encouraged to formally affiliate with general hospitals to facilitate the transfer of patients and make available essential services for comprehensive patient care.

MASTER PLAN PROGRAM REQUIREMENTS FOR GENERAL HOSPITALS

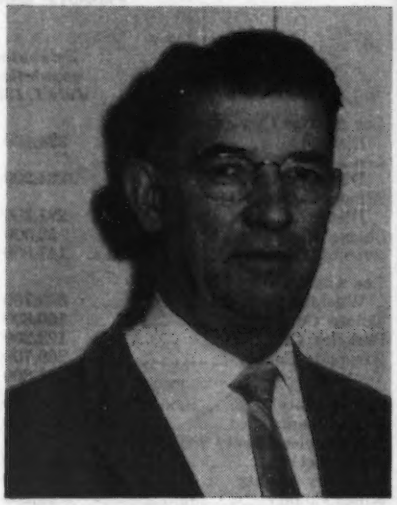
Discussion

The Department believes that every hospital building program should be related to a master plan which establishes the ultimate size of the hospital. It appears undesirable to build an initial unit which is less than two-thirds of the size of the ultimate hospital because of subsequent remodeling problems which usually result. The Department believes the master plan should not contemplate expansion in excess of double the initial capacity. The master plan should provide for up to 50 percent expansion with a minimum of alterations. Service units such as laboratory, central supply, kitchen, employees' facilities and central mechanical facilities may be oversized in the original design to accommodate future increased work load by only adding new equipment and additional employees. Other service units such as administration, radiology, X-ray therapy, surgical suite, delivery suite and housekeeping may require some additional area for proper arrangement of the unit to allow for future expansion with a minimum of alterations. The physical arrangement of these units within the total facility should be such that adding adjacent rooms or area is possible.

For consideration, the master plan program must include the following:

1. *Need*
   Provide evidence that expansion of the facility will be required within a relatively short period (5 years or less). Include past, present, and anticipated future population estimates of area to be served and any other information that will demonstrate the necessity and feasibility of expanding the facility.
2. *Timetable*
   State the proposed initial and ultimate capacities and the approximate dates when each increment will be started and completed.
3. *Site*
   Provide evidence that an adequate site is or will be available.
4. *Architectural Program*
   Include a detailed description of each service or function; the relative location of each service within the facility; the area in each service necessary to provide for the initial bed capacity; the additional area, if any, for each service in the first increment to accommodate future expansion in bed capacity, additional area for each service which will be added subsequently; and the relative location of the subsequent additions.
5. *Schematic Drawing*
   Include a rough schematic drawing which illustrates graphically the ideas expressed in the written program. The drawings need not be elaborate—a simple one-line sketch indicating relative size and location of service units and proposed future additions is adequate.

Dr. Pulley Named to High Post in Department



Dr. Hamlet C. Pulley has been named to the newly created position of Assistant Director of the California State Department of Public Health, effective June 1.

In making the announcement, Dr. Malcolm H. Merrill, Director, stated that, in addition to other responsibilities, Dr. Pulley will direct activities of four of the department's divisions, preventive medical services, environmental sanitation, community health services, and dental health.

The assistant directorship is the highest civil service position in the department. The position of deputy director, held by Dr. Harold M. Erickson, is appointive, as is that of director.

Dr. Pulley joined the department in 1957 as a medical officer and last year became one of the department's three regional medical coordinators, serving the central part of the State. He brought to the department a wealth of experience in local health administration since he had been with the Los Angeles City Health Department for the previous 14 years, where he had served as chief assistant health officer and as director of adult health services.

Dr. Pulley graduated from the St. Louis University School of Medicine in 1937 and received his master's degree in public health in 1940 from Johns Hopkins School of Medicine. He is a graduate of Utah State University where he also received a master's degree in bacteriology and

served as instructor and research assistant in bacteriology for two years before entering medical school.

He is a diplomate of the American Board of Preventive Medicine and is a member of local, state, and national medical and public health societies. Dr. and Mrs. Pulley and their two sons, Roger and Bruce, live at 604 Beloit Avenue in Berkeley.

Public Health Positions

Fresno County

Public Health Nurse: Salary range, $4,836-$6,036. Immediate openings in generalized health program in Fresno, beautiful valley city; no smog or snow; 209,000 in metropolitan area. Requires California registered nurse license and California PHN certificate, but appointments will be made pending issuance of these. Examination not required. Apply to Fresno County Civil Service Office, Hall of Records, Fresno 21, California.

Los Angeles City

Medical Social Workers: Salary, $575. Positions available immediately; candidates may qualify and receive a definite job offer prior to coming to Los Angeles. Requires a master's degree in social work, or two years of graduate education. One year of recent experience in supervised professional medical social work may be substituted for one year of education. For more information, inquire of George M. Uhl, M.D., Health Officer, Los Angeles City Health Department, 111 East First Street, Los Angeles 12, California.

Napa County

Sanitarian: Salary range, $376-$458; starting salary depends on experience and qualifications. Generalized sanitation program. Retirement plan, medical plan, sick leave. Automobile necessary; mileage paid. Must have California registration or be qualified for same. Apply: Sterling S. Cook, M.D., Director of Public Health, Napa County Health Department, P.O. Box 749, Napa, California.

Solano County

Assistant Public Health Officer: Salary range, $745-$905. Top salary of $950 possible in the fall. Population 125,000; 35 miles north of San Francisco. Responsibilities include mostly clinic work; some administrative duties. Forty hour week, sick leave, vacation, retirement, and social security. Requirements: California medical license, and public health experience. For further information write to H. G. Mello, M.D., Health Officer, Solano County Health Department, 228 Broadway, Vallejo, California.

Workshop On Youth Welfare

An announcement has been made of the annual Claremont (California) Workshop on Youth Welfare to be held July 18 through 21, 1960. For more information, write or telephone Daniel J. Corbett, California Youth Authority, 909 South Broadway, Los Angeles 15, California.

State "Auto Smog" Board Appointed By Governor

Governor Brown has announced his appointments to the State Motor Vehicle Pollution Control Board, created by passage of Assembly Bill 17 at the recent special session of the Legislature.

The nine members appointed by the Governor completed the 13-member board which includes the State Directors of Public Health, Agriculture, and Motor Vehicles, and the Commissioner of the Highway Patrol.

The board will set criteria for approval of motor vehicle pollution control devices which must conform to the recent standards set by the State Board of Public Health. It will also issue certificates of approval, adopt rules and regulations, and exempt, where appropriate, certain classifications of vehicles from compliance.

The criteria set by the board will guide testing laboratories which will examine devices offered by manufacturers. Within a year after two devices at least have been certified by the board, all new cars in California will have to be equipped with one.

Within two years, all commercial vehicles will be required to have approved devices, and within three years, all cars, new and used, will have to be so equipped except in counties where boards of supervisors ask for exemption of used commercial and private vehicles.

Governor's Appointees

The Governor's appointments, subject to confirmation by the State Senate, are:

Dr. A. J. Haagen-Smit, professor of bio-organic chemistry at the California Institute of Technology, an internationally-known scientist in the field of air pollution.

Dr. J. B. Askew, health officer and air pollution control officer for San Diego County.

Theodore Merrill of Long Beach, vice president of the Western Conference of Teamsters, who has been active in smog-abatement movements.

Dr. John T. Middleton, professor of plant pathology of the University of California at Riverside, and a leading expert on the effects of air pollution on plants. Dr. Middleton, as well as Dr. Haagen-Smit and Dr. Askew, helped draft the standards on which the new smog legislation is based.

John C. Spencer, San Francisco attorney and general manager of the California State Automobile Association.

Dr. John Saunders, dean of the University of California Medical School and provost of the University of California campus in San Francisco.

Harold V. Thompson, Fresno attorney, who has had an interest in legislation proposing the San Joaquin Valley Air Pollution Control District.

Mrs. Michael C. Levee, Jr., of Beverly Hills, who headed Los Angeles County's "Stamp Out Smog" Committee.

James Allen, vice president and assistant to the chairman of the board of Northrup Aviation Corporation in Los Angeles.

The new Motor Vehicle Pollution Control Board will be housed in the State Department of Public Health for administrative purposes.

Thirty-six Medical Students Begin Summer Training

Thirty-six medical students from 23 schools have been selected for summer training in the California State Department of Public Health, assigned to programs and research projects in 19 bureaus and laboratories. This is the third summer such training has been carried on.

As in the past, a high degree of student interest in the program was reflected in 393 applications received from students in 74 medical schools. The successful applicants were selected on the basis of scholarship, interest in epidemiology, and public health.

The training program is designed to provide an orientation to public health, and an acquaintanceship with professional workers in the field, and to stimulate an interest and provide knowledge of epidemiologic methods. The program is financed largely through a training grant from the National Institutes of Health for training in epidemiology, and will be supervised by William E. Reynolds, M.D., M.P.H., who has recently joined the Department's Division of Research.

Encephalitis Surveillance Established for Summer

As in past years, the State Department of Public Health will maintain close surveillance this summer of cases of mosquito-borne encephalitis in California.

The disease, which attacks both humans and horses, occurs most frequently during the summer months in the San Joaquin and Sacramento Valley areas. Medical students training in the Department this summer will be utilized in the surveillance activity. They will make periodic visits to hospitals and local health departments in the valley area to assist in the collection of clinical and epidemiologic information on suspected human cases of Western or St. Louis encephalitis. The students will also be available to assist epidemiologists in the investigation of any possible outbreaks.

The Viral and Rickettsial Disease Laboratory will participate in research studies and will provide serologic tests in the diagnosis of suspected cases. During the 10-year period, 1950-59, 940 laboratory confirmed cases have occurred in California, of which 621 were due to the Western encephalitis virus and 319 to the St. Louis virus. The number of cases in a single year has varied from a high of 420 in 1952 to a low of nine in 1955.

The natural reservoir of mosquito-borne encephalitis is in birds. Special studies are being carried out by the Department to obtain more knowledge of the occurrence of the disease in its natural reservoir for the purpose of developing improved methods of prevention and control.

The Bakersfield Encephalitis Research Laboratory will have as its principal project this summer the investigation of an extensive control program against the *Culex tarsalis* mosquito in Kern County to determine what effect such a program has on the transmission of the Western and St. Louis viruses. This study is being carried out as a co-operative project of the University of California School of Public Health, the State Department of Public Health, and the Communicable Disease Center of the U.S. Public Health Service.

MEETINGS SCHEDULED

June 26-July 1—National Education Assn., Annual Meeting, Los Angeles
July 18-22—National Assn. of Sanitarians, Annual Meeting, San Francisco
Aug. 7-14—International Congress of Gerontology, San Francisco
Aug. 21-26—American Assn. Blood Banks, Annual Meeting, San Francisco
Aug. 29-Sept. 1—American Hospital Assn., Annual Meeting, San Francisco
Oct. 3-4—Governor's Conference on Aging, Sacramento
Oct. 7-9—Fourth Western Industrial Health Conference, San Francisco
—Western Industrial Medical Assn., Annual Meeting, San Francisco
Oct. 14-18—American Occupational Therapy Assn., Annual Meeting, Los Angeles

Family Life Workshop Scheduled for July

"Forces Affecting American Family Life" is the theme of a workshop to be held in Palo Alto on July 15 and 16, 1960, for people working in the field of family relations. Such people as nurses, counselors, ministers, teachers, psychologists, curriculum coordinators, parent educators, nursery and preschool teachers, and PTA family life chairmen, are among those for whom the conference is planned.

The conference will be under the direction of Mr. and Mrs. David B. Treat of the Clara Elizabeth Fund for Maternal Health, Flint, Michigan, who are known as outstanding educators in the field of family relations. It is being sponsored by the Department of Adult Education, San Jose Unified School District, the Extended Day Division of the College of San Mateo, and the Family Relations Council of Northern California.

For more information about the workshop, write to Mrs. Norman Little, San Jose Adult Administrative Center, 81 N. 7th Street, San Jose, California.

During the fiscal year 1958-59, 4,700 children were accepted for care by public or private agencies accepting relinquishments for adoption.—*Annual Report*, State Dept. of Social Welfare.

printed in CALIFORNIA STATE PRINTING OFFICE 15300-H 6-60 10,500